



## CITY OF KENNESAW BUSINESS LICENSE OFFICE

2529 J.O. Stephenson Avenue, Kennesaw, Georgia 30144

(770) 424-8274 (OFFICE) (770) 429-4559 (FAX)

[www.kennesaw-ga.gov](http://www.kennesaw-ga.gov)

### APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Payment must accompany the application to obtain a license. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print legibly with ink or type.

#### Business Information

This business is: ☐ New ☐ Change of Ownership ☐ Change of Name or Address

The business is zoned: Residential \_\_\_\_\_ or Commercial \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/ Unit # City/State Zip

Mailing Address if different: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: ( ) - Fax No. ( ) -

Is this business state or federally regulated? \_\_\_\_\_ If yes State/Federal License No. \_\_\_\_\_

Describe in detail the nature of business: \_\_\_\_\_  
\_\_\_\_\_

Estimated Gross Receipts for the remainder of this calendar year \$ \_\_\_\_\_

Number of Employees at this location \_\_\_\_\_ (Sole owner/ operators)

Number of Independent Contractors at this location \_\_\_\_\_

#### Owner Information

Type of Ownership: ☐ Sole Proprietorship ☐ Corporation/ LLC \* ☐ Partnership/ LLP

*\*Corporations must be active in compliance and provide a copy of the Corporate Certificate.*

OWNER INFORMATION MUST REFLECT THE TYPE OF OWNERSHIP:

Corporate / Partnership: \_\_\_\_\_ Effective date \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ D/ O/ B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt/ Unit # City/ State Zip

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

SSN/ EIN: \_\_\_\_\_ - \_\_\_\_\_

\*If the business is corporate owned/ or a partnership complete Corporate Officers / Partners section on next page.

## CORPORATE OFFICERS/ PARTNERS

### *Pres./ Partner*

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt./Unit # City/State Zip

Phone: ( ) \_\_\_\_\_ SSN/ EIN: \_\_\_\_\_ - \_\_\_\_\_

### *Vice President / Partner*

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt./ Unit # City/ State Zip

Phone: ( ) \_\_\_\_\_ SSN/ EIN: \_\_\_\_\_ - \_\_\_\_\_

### *Treasurer /Secretary / Partner*

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt./ Unit # City/ State Zip

Phone: ( ) \_\_\_\_\_ SSN/ EIN: \_\_\_\_\_ - \_\_\_\_\_

### **Person completing application, if other than owner:**

Applicant Name \_\_\_\_\_ ( ) Owner ( ) Member/ Partner ( ) Other \_\_\_\_\_

Address : \_\_\_\_\_ Phone \_\_\_\_\_

## Disclaimer and Signature

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I under that all signs displayed on my premise must be approved and permitted by the City of Kennesaw, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupational tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_

### **Office Use Only**

Acct: \_\_\_\_\_ Sic: \_\_\_\_\_ State Issued ID \_\_\_\_\_ # \_\_\_\_\_ exp. \_\_\_\_\_

Tax/ Fee \_\_\_\_\_ Penalty \_\_\_\_\_ Interest \_\_\_\_\_ Total Due \$ \_\_\_\_\_

Method of Payment CASH CHECK M/C VISA MONEY ORDER ck/ receipt# \_\_\_\_\_